

INTERMITTENT FASTING TRACKER

Month: _____

Goal Method: (e.g. 16:8)

Starting Weight:

Target Weight:

DAY	FAST START	FAST END	TOTAL HRS	ENERGY LEVEL (1-5)	HYDRATION
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

WEEKLY REFLECTIONS & NON-SCALE VICTORIES